

UNITED STATES PATENT APPLICATION TRANSMITTAL FORM

**Mail Stop Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450**

Alexandria, VA 22313-1450

Docket No.: 40020837-02

Customer No.: 27623

22387 U.S. PTO
10/680077



Dear Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Takahisa Mihara, Eiji Ishimoto, Takashi Kondo and Hiroki Nishida

For: DISK ROTATING APPARATUS AND INFORMATION
RECORDING/REPRODUCING APPARATUS

Enclosed are:

XXX Specification (40 pps.) consisting of: Description (32 pps); Claims (6 pps); Abstract (1 pp);

XXX 10 (ten) sheets of drawings;

XXX Preliminary Amendment;

 Declaration and Power of Attorney;

 An assignment of the invention to: _____ including
\$40.00 recordation fee and Assignment Recordation Form Cover Sheet;

 Information Disclosure Statement (with copies of patent);

 Form - PTO-1449;

 The undersigned attorney has verified that the applicant is entitled to a
Small Entity Status; and

 Priority of U.S. Provisional Patent Application Serial No. _____, filed
on _____ is claimed under 35 U.S.C. §119(e).

 Priority of U.S. Patent Application Serial No. _____, filed on _____
_____ is claimed under 35 U.S.C. §120.

XXX Priority of application Serial No. 2002-294920 filed on October 8,
2002, in Japan is claimed under 35 U.S.C. §119;

 A Request and Certification Under 35 U.S.C. 122(b)(2)(B)(i).

The Filing Fee is calculated below.

CLAIMS AS FILED				
(1) For	(2) Number Filed	(3) Number Extra	(4) Rate	(5) Basic Fee \$770.00
Total Claims	17 - 20 =	0	x \$18.00	\$0
Independent Claims	12 - 3 =	8	x \$86.00	\$688.00
Multiple Dependent Claim Fee		x \$290.00 = \$0.00		
TOTAL FILING FEE				\$

1/2 FILING FEE FOR SMALL ENTITY	\$N/A
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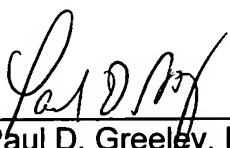
XXX No fee enclosed – filing by missing parts.

_____ A check in the amount of \$_____ is enclosed.

XXX The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. §§1.16 and 1.17 which may be required with this communication or during the entire pendency of the application, or credit any overpayment, to **Deposit Account No. 01-0467**. A duplicate copy of this Form is enclosed.

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October 7, 2003
Date of Signature

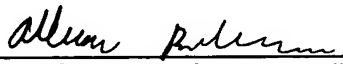


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CERTIFICATE OF EXPRESS MAILING

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